PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
JoAnn Villamizar Ciba Corporation/Pat 540 White Plains Ros	tent Department	, , ,	The later than the second transfer to the second transfer transfer to the second transfer t	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
P.O. Box 2005 Tarrytown, NY 1059	1			Andrea	DeCecchis	(Depositor's name)
1			gn 7 [July 2	7, 2009	(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	PR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/517,413 05/16/2005			Kenneth Sundberg	•		4017
TITLE OF INVENTION: PAPER SIZING COMPOSITION 56/PCT						
APPLN, TYPE SM	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/10/2009
EXAMINER A		ART UNIT	CLASS-SUBCLASS	7		
CORDRAY, DEN	NIS R	1791	162-158000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address of magnetic form PTO/SB/122 attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Assignee NAME AND Residence Data to Be printed on the patent attorneys or agents. If no name is listed, no name will be printed. Assignee NAME AND Residence is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Ciba Specialty Chemicals Corporation Tarrytown, N.Y.						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🛱 Corporation or other private group entity 🗖 Government						
4a. The following fee(s) are sub- fissue Fee Publication Fee (No sma		A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form).				
5. Change in Entity Status (from SMA			Dh. Applicant is no lo	ngar claiming SMAT	I ENTITY status See 27 C	ED 1.27(a\/2)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature	Shiela	() i	gins	Date	7/27/09	
3	Shiela A.	0			56,221	
This collection of information is an application. Confidentiality submitting the completed applithis form and/or suggestions fo Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-1450. Under the Paperwork Reduction	50.					